CATERING / ES MANAGER: _____

FUNCTION ROOM: _____

BOOTH /TABLE NUMBER: _____

ENGINEERING SERVICES – ORDER FORM

GROUP NAME: _____   INSTALL DATE: _____   TIMES: _____

REQUESTED BY / ORGANIZATION: _____   SHOW DATE: _____

QTY	X	No. DAYS	ITEM/SERVICE	With 72 Hr. Notice				W/O 72 Hr. Notice			
				X	Price Per DAY	TAX	TOTAL	X	Price PER DAY	TAX	TOTAL
TELECOMMUNICATIONS (PER DAY)											
	x		Telephone Lines (DID) – Dedicated Line*	x	$150.00	N/A		x	$175.00	N/A	
	x		Telephone Line(s) – Dial (+ number)*	x	$50.00	N/A		x	$60.00	N/A	
	x		Polycom Phone (Includes phone line)*	x	$200.00	TX		x	$250.00	TX	
	x		*Charges for calls to be applied after usage*								
	x		Relocation Charge	x	N/A	N/A		x	$75.00	N/A	
INTERNET – HIGH SPEED (PER DAY)											
	x		Hard Wired Internet – First Connection	x	$250.00	TX		x	$275.00	TX	
	x		Additional connection @$50.00 each	x	$50.00	TX		x	$50.00	TX	
	x		Wireless Internet – First Connection	x	$75.00	N/A		x	$75.00	N/A	
	x		Additional connection @$25.00 each	x	$25.00	N/A		x	$25.00	N/A	
	x		T1 Line (1.5MB)	x	$1,980.00	N/A		x	**NOT AVAILABLE**		
			Additional T1 Bandwidth (per KB)	X	$10.00	N/A		X	**NOT AVAILABLE**		
BANNERS (PERMITTED ONLY IN CERTAIN AREAS)											
	x		Banners (priced per Banner)	x	$45.00	N/A		x	$50.00	N/A	

Reservation & Payments	• All of the above changes are calculated on a PER DAY charge. Please calculate the Total Show/Meeting Days, excluding set up day.
	• A Credit Card Authorization or other form of payment must be presented at the time the order is place.
	• Orders are NOT filled without pre-payment
	• PRICES ARE SUBJECT TO CHANGE

I have read the above, am in agreement and in compliance. I accept the charges for all items ordered as my signature is approval for this order.

CREDIT CARD HOLDER INFORMATION:

NAME AS IT APPEARS ON THE CREDIT CARD: _____

CARD TYPE: ☐ VISA   ☐ MC   ☐ AMEX   ☐ DINERS/CB   ☐ DISCOVER   ☐ JCB

ACCOUNT TYPE: ☐ INDIVIDUAL (PERSONAL CREDIT CARD)

☐ CORPORATE   COMPANY NAME: _____

CREDIT CARD ACCOUNT NUMBER: _____   EXP. DATE: _____

ADDRESS:
(WHERE STATEMENT IS MAILED)
CITY, STATE AND ZIP: _____

PHONE NUMBER: _____   FAX OR ALTERNATE NUMBER: _____

I CERTIFY THAT ALL INFORMATION IS COMPLETE AND ACCURATE. I HEREBY AUTHORIZE BURBANK AIRPORT MARRIOTT HOTEL TO COLLECT PAYMENT FOR ALL AUTHORIZED CHARGES ASSOCIATED WITH THIS EVENT BY PROCESSING A CHARGE TO THE CREDIT CARD LISTED ABOVE. I CERTIFY THAT I AM THE AUTHORIZED SIGNER OF THE CREDIT CARD LISTED ABOVE.

CARDHOLDER NAME: (PRINTED) _____

CARDHOLDER SIGNATURE: _____   DATE: _____